



STUDENT TRANSPORTATION REGISTRATION

937-578-6160 Fax: 937-578-6116



Student Name _____ Today's Date _____

Home Address _____

Grade _____ School _____

DOB _____ Age _____ Male Female

Primary Parent/Guardian Name _____

Address (if different than above) _____

Home phone _____ Work _____ Cell _____

Secondary Parent/Guardian Name _____

Address (if different than above) _____

Home phone _____ Work _____ Cell _____

PLEASE INDICATE HOW YOUR STUDENT WILL BE GETTING TO AND FROM SCHOOL:

- Student will be walking or riding bike to and from school.
- Student will need bus transportation to and from school.
- Transportation will be provided to and from school by:
 - Parents/Guardians
 - Other: Name _____ Relationship _____
Address _____ Phone Number _____

Transportation will consider alternate address/babysitting requests after the 3rd week of school and bus load counts have been determined. Contact transportation regarding an alternate address.

Name and number to call in case parent/guardian cannot be reached

Special Instructions: (medical, varied schedule, etc.) _____

If there are any changes in arrangements – Please contact your child's building and IT IS YOUR RESPONSIBILITY TO NOTIFY THE TRANSPORTATION OFFICE.

NOTE: Intra district transfers do not qualify for school bus transportation.

FOR OFFICE USE:

STUDENT ID:

SCHOOL START DATE: